

Declaration and Power of Attorney for Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VERIFICATION METHOD FOR WEB-DELIVERED MATERIALS USING SELF-SIGNED CERTIFICATES

the sp	ecificat	tion of which:						
	xx	is attached her	eto.					
		was filed on		as Application Serial No.			7	and was
		amended on _		_·				
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		e the duty to di accordance wit						ity of this
foreigi below	applicany for	m foreign prior cation(s) for pat reign applicatio plication on wh	ent or invent n for patent	tor's certific or inventor	cate listed be	low and	l have also	identified
	Prior	Foreign Applica	ation(s):					
	Numb	~	Country		Day/Month/	Year	Priority (Claimed
		n the benefit u					•	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:



Prior U.S. Applications: Serial No.

Filing Date

Status

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

A.B. Clay	Reg. No. 32,121
G. M. Doudnikoff	Reg. No. 32,847
E. H. Duffield	Reg. No. 25,970
J. W. Herndon	Reg. No. 27,901
J. S. Ray-Yarletts	Reg. No. 39,808.
John T. Synnestvedt	Reg. No. 18,117
Charles H. Lindrooth	Reg. No. 20,659
Irving Newman	Reg. No. 22,638
Alexis Barron	Reg. No. 22,702
Peter J. Butch, III	Reg. No. 32,203
Joseph F. Posillico	Reg. No. 32,290
Mark D. Simpson	Reg. No. 32,942
Theodore Naccarella	Reg. No. 33,023
Patrick J. Kelly, Ph.D.	
• •	Reg. No. 34,638
Gary A. Hecht	Reg. No. 36,826
Stephen J. Driscoll	Reg. No. 37,564
Lisa B. Lane	Reg. No. 38,217
Joshua R. Slavitt	Reg. No. 40,816
John A. Chionchio	Reg. No. 40,954
Gregory S. Bernabeo	Reg. No. 44,032
Stephen J. Weed	Reg. No. 45,202
•	3 , - 0 -

Send all correspondence to:

Mark D. Simpson, Esquire Synnestvedt & Lechner LLP 2600 Aramark Tower 1101 Market Street Philadelphia, PA 19107-2950

Telephone: (215) 923-4466 Facsimile: (215) 923-2189



(1) Inventor: Bryan E. Aupperle

Signature: Date: 15-744 - 2001

Residence: 102 Tutbury Place, Apex, North Carolina 27502

Citizenship: U.S.A.

Post Office Address: Same as residence

M:\MSimpson\IBM\24609 USA\PatOff\declaration.wpd







To the Honorable Commissioner of Patents and Trademar record the attached original document or copy thereof. 2. Name and address of receiving 1. Name of conveying party(ies): party(ies): Bryan E. Aupperle Name: SEE ATTACHED Internal Address: Street Address: Additional names attached? No 3. Nature of conveyance: city: X Assignment Merger Zip: State: Security Agreement Change of Name Other Additional name(s)/address(es) Execution Date: attached: Yes 4. Application number(s) or patent number(s) If this document is being filed together with a new application, the execution date of the application is January 15, 2001 B. Patent No(s). Α. Patent Application No(s). Additional numbers attached? No 6. Total number of applications 5. Name and address of party to and patents involved: (1) whom correspondence concerning document should be mailed: 7. Total fee (37 CFR 3.41) \$ 40.00 Mark D. Simpson, Esq. Synnestvedt & Lechner LLP Enclosed 2600 Aramark Tower X Authorized to be charged to 1101 Market Street deposit account Philadelphia, PA 19107-2950 8. Deposit Account No. 09-0461 (215) 923-4466 (attach duplicate copy if paying Registration No. 32,942 by deposit account) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Mark D. Simpson Name of Person Signing

February 9, 2001

Total number of pages including this cover sheet, attachments and documents: (3)

Form PTO-1595

ATTACHMENT TO ASSIGNMENT RECORDATION FORM COVER SHEET

Continuation of Box 2:

Name and address of receiving party:

INTERNATIONAL BUSINESS MACHINES CORPORATION

Internal Address:

Street Address: New Orchard Road

City: Armonk

State: New York Zip: 10504